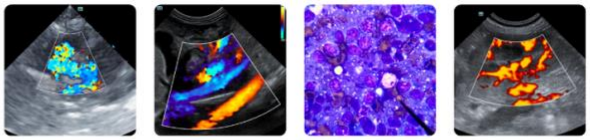


PATIENT

Scooter Aichele

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11.2 Years

WEIGHT

39 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Jen Makem

INVOICE

35395

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: EMPLOYEE PET. Patient not sedated. Patient presented on 1/9/25 for an increased cough and lethargy. Thoracic radiographs: Cardiomegaly (VHS 12.09, VLAS 2.49) and possible mild perihilar edema and mild congestion of main pulm vv. Patient was started on lasix 10 mg PO BID (after a 25 mg injection of lasix). Per O patient seems much improved. Examination today reveals a grade 3/6 L and R systolic murmur. Patient was panting and difficult to fully assess for RR/RE changes. Bloodwork - NSF except an elevated ALP (386). BP 160 mm HG systolic. Previous Echo performed 9/2/24 consistent with Stage B2 CVD, severe mitral and trace tricuspid regurg. Current meds: Pimobendan 5 mg in AM and 2.5 mg in PM, Gabapentin 200 mg PO BID, Trazodone 100 mg PO SID, Carprofen 37.5 mg PO BID, Furosemide 10 mg PO BID (recently added).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (M-Mode)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.19	--	--	2.2	48.52	--	0.14
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	2.81	1.13	17.72	3.64	3.4	1.75

Chest Radiographic Interpretation

Severe left atrial enlargement. The pulmonary vasculature is enlarged. There is a mild bronchiolar pulmonary pattern present. Active cardiogenic pulmonary edema is not identified.

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is severely increased. Left ventricular internal dimensions are normal and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with no tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology. The pulmonic outflow velocities are

PATIENT

Scooter Aichele

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11.2 Years

WEIGHT

39 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Jen Makem

INVOICE

35395

DATE

1/13/26

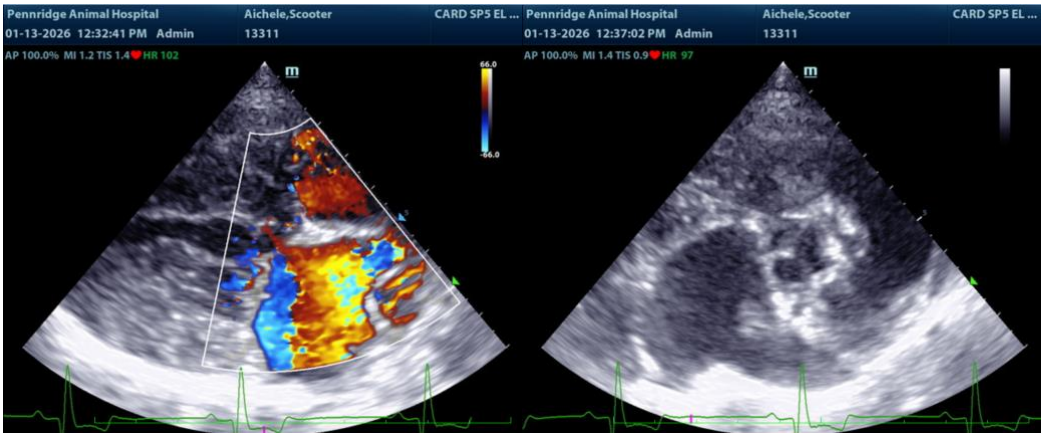
within normal limits. Aortic outflow velocities are mildly increased. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

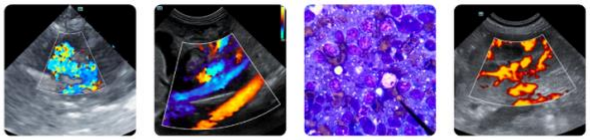
- Degenerative valve disease
- Severe left atrial enlargement
- Prominent pulmonary vasculature
- Mild bronchiolar pulmonary pattern
- Increased aortic outflow velocities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the reported clinical signs, and the improvement noted with diuretic therapy, the patient may have experienced a mild episode of congestive heart failure. The patient is on a low dose of furosemide, however, if clinical signs have improved, I recommend continuation of this dose. I recommend increasing and optimizing the pimobendan, giving 5.0 mg twice daily, as well as starting an ace inhibitor at a dose of 0.5 mg/kg once to twice daily (benazepril vs enalapril) and starting spironolactone at a dose of 2.0 mg/kg once daily. In another 7-10 days, I recommend reassessing kidney values, along with electrolytes, to monitor for any changes. With the patient being classified as stage C, this represents the first episode of congestive heart failure. Median survival time is any time from 12-15 months, with some patients doing better and other patients not doing as well. Blood work every 4-6 months after this initial follow up is recommended while the patient is on these therapies. A recheck echo is recommended in 4-6 months, sooner if cardiovascular clinical signs are developing. Elective anesthetic procedures are not recommended due to the patient's condition. I recommend monitoring the blood pressure at that 7-10 day recheck as well. If the blood pressure remains >150, I recommend also adding in afterload reduction of a dose of amlodipine 0.1 mg/kg once daily. If possible, I would encourage discontinuation of the carprofen, especially in the face of being on diuretic therapy, this promotes diuretic resistance and can be more taxing on the kidney values, however, if quality of life is affected while not on carprofen, this therapy can be continued.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Scooter Aichele

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11.2 Years

WEIGHT

39 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Jen Makem

INVOICE

35395

DATE

1/13/26

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com